



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Office Use Only

Participant #: _____
 Date Received: / / By: _____

ELECTION DAY CHILDCARE REGISTRATION FORM | NOVEMBER 6, 2018

YMCA OF FLORIDA'S FIRST COAST | 904.265.1775 | FirstCoastYMCA.org

The YMCA of Florida's First Coast is providing free child care services on Election Day, giving busy parents and guardians the opportunity to make it easier to get to the polls. Acknowledging the challenges for many to balance personal life with civic duty, the Y seeks to ensure that all Americans are able to exercise their right

CHILD INFORMATION

CHILD'S NAME		NICKNAME	DATE OF BIRTH		/	/
GENDER	GRADE	ETHNICITY (CIRCLE ALL THAT APPLY)	W	B	A	H I OTHER
ADDRESS		CITY	STATE	ZIP		
HOUSEHOLD PHONE		HOUSEHOLD EMAIL				

PARENT/GUARDIAN INFORMATION

MOTHER OR LEGAL GUARDIAN NAME

ADDRESS		CITY	STATE	ZIP	
EMPLOYER		WORK PHONE			
HOME PHONE	CELL PHONE	EMAIL			

FATHER OR LEGAL GUARDIAN NAME

ADDRESS		CITY	STATE	ZIP	
EMPLOYER		WORK PHONE			
HOME PHONE	CELL PHONE	EMAIL			

WHO HAS LEGAL CUSTODY?

MOM ONLY DAD ONLY BOTH PARENTS OTHER (PLEASE EXPLAIN) _____

WHO IS PERMITTED TO REMOVE THE CHILD?

MOM ONLY DAD ONLY BOTH PARENTS OTHER (PLEASE EXPLAIN) _____

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

ID IS REQUIRED TO PICK UP YOUR CHILD (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

NAME	PHONE	RELATIONSHIP

MEDICAL INFORMATION

CHILD'S PHYSICIAN	PHYSICIAN PHONE
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CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the YMCA of Florida's First Coast, Inc. ("YMCA"), its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM [YMCA] IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

DATE

PARENT / GUARDIAN

DATE

PARENT / GUARDIAN

DATE